mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-I, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14789
1. PLACE OF DEATH	(25)
County Wycestry /	Registration Dist. No.
Village or City Suow July	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Orly , withour	1
(a) Residence: No. Dure Hell med	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaesad from
6. DATE OF BIRTH (month, day, and year) File // 1919	1 last saw h. 12 aliva on Dic 22 , 193 / ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at C.m.
12 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lutersular Piritonitis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at 11. Total time (years)	
11. Total time (years) spant in this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Worful?	Other Coatributory Causes of Importance:
(State or couptry)	
13. NAME Tred Curtony 14. BIRTHPLACE (city or town) Scattons neck	
14. BIRTHPLACE (city or town) Scalland New	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an eulopsy? Was there an eulopsy?
15. MAIDEN NAME Collows Walter	23. If death was due to extarnal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clear Cepler 16. BIRTHPLACE (city or town) Elegalentia City (State or country)	Accident, suicide, or homicide?
(Stata or coughry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT She with the first	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Dokust Cumbridge Dec 30 , 193!	Manner of Injury
Place Dopular Mullingoate De Jo., 1951.	Nature of injury.
19. UNDERTAKER Williams (Address) Survi Hill md	24. Was disaase or injury in eny way related to recupation of decaasad?
20. FILED 12/28, 1931 RERay Secret.	(Signed) Thu July M.D. (Address) Survivitud Middle M.D.
If were blooded and all all a Court Day	NOTE OF THE PROPERTY OF THE PR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of de of importance were as followers of the Arteriosclerosis	ath and related causes ows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	उन्नेषि व १५२७	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 4 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	HEI
Gallstones		May 1,1923	Run over by street car 1 wee Peritonitis 3 day Other contributory causes of importance:	1 year

V. S. No. 1

STATE (OF MARYLAND-	CERTIFICATE OF DEATH 147!	0
1. PLACE OF DEATH		158)	
County Worces	es.	Registration Dist. No. 3 3	/
Village or City Year Sans	whice Md.	NoSt.,	Wa
Length of residence In city or town where		f death occurred in a horpital or institution, give its NAME instead of street and numbers. ds. How long In U.S. If of foreign birth?	
2. FULL NAME ALL	and Bloke	,	
	Kary 18-tarker	Ct Ward	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	e
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	armar Automobile
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCC /- (Month) (Day)	3 / (Yaar)
5a. If married, widowed, or divorcad HUSBAND ot (or) WIFE of		22. I HEREBY CERT1FY, That I attended dece	asad f
6. DATE OF BIRTH (month, day, and year)	ma 24th 1931	I last saw h elive on, 19, de	ath is
7. ACE Yaars Months	Days If LESS than	to have occurred on the date stated above, at	
App	7 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as tollows:	
8. Trade, profession, or particular		wealt from birth	ta of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		Bodly formed; and	
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		weels mursed; 00	
10. Date deceased last worked at this occupetion (month and year)	11. Total tima (years) spent in this occupation	says midwife	
12. BIRTHPLACE (city or town) Was Sy (State or country)	now Hill, Md.	Other Contributory Canses of Importance:	
	Colodo e		
14. BIRTHPLACE (city or town).	Snow Hise, Md	Name of operation Date of	
(State or country)		What test confirmed diagnosis?	sv?
H 15. MAIDEN NAME Que	Spencer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Snow Hier, Md.	Accidant, sulcide, or homicide? Date of injury	, 19
Stata or country)		Where did injury occur?	
17. INFORMANT(Addrass)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Mt. W- LANGE COMME	14 Data 10 cc 1 1 1931	Manner of injury	
19. UNDERTAKER (Address)	eland wo	24. Was disaesa or injury In any way related to occupation of daceasad?	D
20. FILED Dec 1- , 193/RE	Coy Suith	(Signed) Lelly Med	Lew

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11 JAN 4 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	BUREAU V.S	July 5,1927	Peritonitis	3 days ago
	N			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL S	SPACE FOR FURTHER STAT	EMENTS BY PHYSICIAN	

N. B.-

PLACE OF	DEATH
County Word	ester

-	-	
8	2-0	63
16	2	1

14791

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 350

1000	CULL NAME SO	cott Boston	2. St.: Ward	d) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 BEX Vale	Colored	B SINGLE, MARRIED, WI dowed OR DIVORCED (Write the word)	December 5th. Pocomoke City (Month)	
6 DATE OF B	Exact date no (Month)	, I	17 I HEREBY CERTIFY, That I at	tended the deceased from, 192,
About (If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:	d above, at 6.30 Am.
particular k (b) General business, or which empl		Farmer	Contributory Secondary	yre mos de.
(State or 10 NAME FATHE 11 BIRTH OF FA	of Tevin Bo	ston	(Signed)	The M.P.
b1	DONG		*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hosp ients or Recent Residents) At place	itals, Institutions, Trans-
14 THE ABOV	or Country) TE IS TRUE TO THE BEST			ateyremos,ds.
	anHarriet A.li ddress ocomoke C		19 PLACE OF BURIAL OR REMOVAL St. James Cemetary Near Ocomoke City, Md 20/UNDERTAKED	Date of Burial Dec. 7th, 19 31 Pocomoke City Maryland.
	If more bianks are		r, 16 W. Saratoga St., Balto., Requesting V.	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Grocery.

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever the only definite synonym is "Epidemic cerebro-EASS CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart not be disease;

If this ertificate to looked the thoroughly and all questions answered in details it will proper further correspondence. All the data is described and puts be obtained unfore the certificate is permanently filed.

WRITE

υż

CAUSE

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Oav) 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended daceased from (or) WIFE of 19..... to..... 6. DATE OF BIRTH (month, day, and year) 7. AGE Months **Oays** If LESS then to have occurred on the data stated above, at ... 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Oate daceased lest worked at 11. Total tima (yaars) this occupation (month and spent in this occupation ___ (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation.... (State or country) What test confirmed diagnosis?_____ Was there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16, BIRTHPLACE (city or town) Accidant, suicide, or homicida?______ Date of injury______ 19_ (Stete or country) Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of daceasad? 19. UNDERTAKER (Addrass) If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 14793
1. PLACE OF DEATH	(121)
County (Storchsley	Registration Dist. No. 351
Willege Rein Swerffill	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whare death occurred yrsmos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME COLOR	
(a) Residence (No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
M, Col OR DIVORCED (write the word)	166c 21 ,193/
5a. If marriad, widowed, or divorced a solution	(Month) (Day) ^T (Ýaar)
HUSBAND of (or) WIFE of	22. I HEREBY CEBTIFY. That I ettended deceased from
	10/10,19 37,10, 19 37
6. DATE OF BIRTH (month, day, and year) By Dond	I last saw harmalive on 1997; death is said
7. AGE Years Months Days I LESS than I day, hrs.	to have occurred on the date steted above, at
Cklord 38 - or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	/ linicullar tilorillati
A Industry or business in which	William porcusuly 12hots
work was done, as SILK MILL, SAW MILL, BANK, etc.	1.700101
O Date decaasad last worked at this occupation (month and spent in this	
year) ocsupation	Other Contributory Canoes of Importance:
12. BIRTHPLACE (city or town) Grandlebree mad	1 The alex To al Magne
(State or country)	Caran Vascola Cestor for
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Dank 170	Name of operation
(order of country)	What test confirmed diagnosis! Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Margret 13 ishof	23. If death was dua to extarnal causes (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) workshop med	Accident, suicide, or homicide?
Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 28 Land College	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Smolling made 18. BURIAL, CREMATION, DR REMOVAL	
Place Coolstone Cor Date 12/23	Manner of injury
Allie IM	Nature of injury
19. UNDERTAKER (Addrass) January Fact 72 d	24. Was disease or injury in any way related to occupation of daceased?
	(Signed) I fation alse M. D.
20. FILED 12/23, 1981 & ElCoy Secreth, Registrar.	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis JAN 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
į.			
Other contributory causes of importance:		Other contributory causes of importance:	SIEM.
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH	14/54 STATE OF MARYLAND
County Worcester	CERTIFICATE OF DEATH
	Registration Dist. No. 352
Village or City Ocean City (No.	
Village or City (Ceanoly (No.	St.: Ward) (If death occurred in a hospital or institu-
a Olassa Da	tion, give its NAME is stead of street and
² FULL NAME (1) SUCCESSION OU	y Co
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	1934
Timale While (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Upril 22, 192	,192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	그 이 사람들은 아이를 하는데 하는데 하는데 이 사람들이 되는데 그렇게 되었다. 그렇게 되었다.
3 yrs. 7 mos. 2 4ds. or min.	
B OCCUPATION	not in allendance
(a) Trade, profession or	
particular kind of work (b) General nature of industry	crovery framewo
business, or establishment in	I really great de.
Which employed or (employer)	Contributory Probably diphthered & Cut & Ph
9 BIRTHPLACE (State or country)	Secondary & Jaly 3 days.
mangana	(Duration)dsds.
10 NAME OF CHARLES TO DOLLAR	(Signed) M. D.
11 BIRTHPLACE	13-16 1931 (Address)
OF FATHER	*State the listaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eliopa Bradfre	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or country) Waguna	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
e Quala Darra	Former or usual res.dence
(Informant) 6 2000 Company	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ocean Tuly Mg	Chricoleague Dec. 17, 1,3/
15 19/17 101 Le De 11/11/11	20 UNDERTAKER
Filed 1901 Registras	m. Jama walson sellyville
If more b.anks are needed, address tate Kegistra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Campasilor, Architect, Lacamotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Caok to report specifically the occupations of persons enployed as At school, ar At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Hausewife, Hausehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may forin part of the second statement. Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal mine, etc. Womduties of the (b) Gracery,

Stritement of Cause of Death—Name, first, the Dis-EA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosyntal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchapneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease tetarius) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchapneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of carbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, mcn-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, resalting from childbirth or miscarriage as cough; Chronic valvular etc. The affection need Nomendature of the Always qualify all heart disease contributory

If this certificate is looked over thoroughly and all questions can swered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 1 12

193

14755 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give Its NAME Innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCED (Write the word) (Month) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Day) (Yesr) 7 AGE Ilf LESS than I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory ARGIN Secondary (State or country 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAUS (State or country) 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP lents or Recent Residents) 13 BIRTHPLACE At place OF MOTHER State.....yre.....moe..... (State or Country) should ent of OC Where was disease contracted, if not at place of death?.. atement usus! residence. 19 PLACETOF BURIAL OR REMOVAL DATE OF BURIAL AN (Address) ADDRESS 20 UNDERTAKER 15 If more branks aff needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. cupation is very important, so that the relative healthto report specifically the occupations of persons enlaborer, L'nysicham, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"tetanius) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

PHYSICIANS should state T, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAI

N. B.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 14796
County workesler	Registration Dist. No. 332
Village or City Berlm	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME I Mont Fittchett	
(a) Residence: No. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 23. (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from 23 19-3/10 22 23 193/
6. DATE OF BIRTH (month, day, and year) 2 2 3 -1931	I last saw h. Alan See on 2 2 3 , 19 3/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.2.m.
Shellong day, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, atc.	pressure in los of
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Breech Tresentate
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Berlin my	Dthar Contributory Causes of importance:
(State or country)	Beech Tresertato
13. NAME Fred Fritell	
13. NAME Fred Fritell 14. BIRTHPLACE (city or town). Baskn Mel	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there en autopsy?
# 15. MAIDEN NAME Desite Verlington	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME (Service Brilington) 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFDRMANT THE STATEMENT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Furnell	Manner of injury
Place Sympafrayler Date Dar 24, 193	Nature of Injury
19. UNDERTAKER Who Burbage	24. Was disease or injury in any way related to occupation of daceased?
(Address) Deslan	If so, specify
20, FILED LOVE 24, 1931 & Moure ford	(Signod) Cattolland M.D.
Alus Kegistrar.	(Address) Bellm md

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

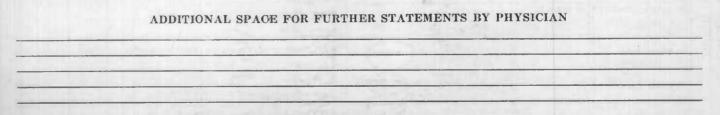
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepi		1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1932		July 5, 1927	Peritonitis	3 days ago	
	BURBAU V. S.				
Other contributory c	auses of importance:	j	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



STATE OF MARYLAND—	CERTIFICATE OF DEATH 147	97
1. PLACE OF DEATH	10	
County Warrester	Registration Dist. No. 3 3 2	
Village or City. Bellin	NoSt.,	Ward
(Jt	death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?mos	sds.
2. FULL NAME Marward J. Than	ting 2	
(a) Residence: No. (Ugusi place of abode)	Si, Ward. 1f nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	193 / (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended d	leceased from
6. DATE OF BIRTH (month, day, and year) Mrv. 26, 1923	I last saw bring alive on Pec 3 ,1931	; death is said
7. AGE Years Months Deys If LESS than 1 day hrs.	to have occurred on the date stated above, at . 23 A.m.	
6 0 8 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,	0.11	
SAWYER, BOOKKEEPER, etc.	Dighthuria	11-29-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupetion		
Med	Other Contributory Causes of importance:	` '
12. BIRTHPLACE (city or town) (State or country)	Enlarge	
13. NAME Lee Tracting so 14. BIRTHPLACE (city or town) (State or country)	morgio Ansis	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(Class of County)	What test confirmed diegnosis?	utopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stele or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
Stete or county)	Where did Injury occur?	
17. INFORMANT Lee Asstrices	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Episcopal Date Deach, 1931	Nature of injury	
19. UNDERTAKER W. Burkage	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Les 5, 1931 IV. Mounfied	(Signed) Chas-P-daw	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 4 1992	and .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	19/30
ould sta	County Warrester	Registration Dist. No. 3342
M	Village or City Berlin Md	No. St., Ward
t S ii	Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos ds.
YSICIANS	2. FULL-NAME anna L. Hars	6.
E E SICI	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC. PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E S	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
BINDINGERMANEN EXACTI y classified te.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from 193/, to Dec 3, 193/
BINI ERM EX.	6. DATE OF BIRTH (month, dey, end yeer) Bet. 18, 186 3	I last sew here alive on oec 2 , 193/; death is sald
H - T - S	7. AGE Yeers Months Deys If LESS than 1 dey. hrs.	to heve occurred on the dete stated above, at 3 .4.m.
FOR IS A stated proper	6 / 2 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
- 70	8. Trede, profession, or particular kind of work done, es SPINNER,	Chronic Tephreles.
	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Total time (years)	duration, 5 grane. Civil Gl
VK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
SE HE TO	11. Totel time (yeers) this occupation (month and year) year)	
N 4 1 0	12. BIRTHPLACE (city or town) Mid	Other Contributory Causes of importance:
GIL AD ed.	(State or country)	
MARGIN UNFADI supplied. n terms, so	13. NAME James P. Grapper	
MA H U Su Jin t	14. BIRTHPLACE (city or town)	Name of operation Date of
TT III		Whet test confirmed diegnosis?
TAY, WIT. be carefully EATH in plainportant.	I That the special states are the special states and the special states are the special sta	Accident, suicide, or hamicide? Date of Injury, 19
X, ye car ATH nport	16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
A D D V	17. NAFORMANT Mas John The Hackan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
6-3 (0)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Bulking Sawa Date Wee 2 , 1921.	- Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER 1. 18. Bustage (Address) Bustage	24. Wes disease or injury in any wey releted to occupation of deceesed? 200
N N N	20. FILED. Reco 1931 9 V. Meenfor & Registrar.	(Signed) 6 M Lowe M. (Address) Berlin M.
Total Control of the	If more blanks are needed, agliress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hr iti s	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 4 1692	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of Infor-

OCCUPA

plnods

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	3.7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	20	July 5,1927	Peritonitis	3 days ago	
le					
Other contributory causes of importa	nce:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	PLACE OF DEATH	14800
	County Worcester	(119)
Vil	lage or City Oclass City, (No.	0
	2 FULL NAME Belance Hund	lon
	PERSONAL AND STATISTICAL PARTICULARS	MEC
35	will a color or race 5 single, Married, Wibowes, Or Bivorce of (Write the word)	16 DATE OF DEA
6 [DATE OF BIRTH	17 I HERE
	October 27, 1931	
	(Month) (Day) '(Year)	that I last saw h.
7 A	yrs. 2 mos. 2 ds. or min.?	The CAUSE OF DI
5h	O) General nature of industry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Alfred 7 Ledson	Contributory Secondary (Signed)
ENTS	11 BIRTHPLACE OF FATHER. (State or country) Muryland.	*State the Violent Causes,
PARE	12 MAIDEN NAME Sarah Idadder	Accidental, Suici
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of deathyrs
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of
	Reformant) Mr. James Casper	usual res.dence
	(Address) Berlie Md.	Janlow
15	12/29 21 2 9 9	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

14800

Registration Dist. No. 352

St.:	Ward)	(if death a hospital	or insti	tu-
		tien, give i stead of number.)	street s	ind

DATE OF BURIAL

	MEDICA	L CERTIFI	CATE OF D	EATH	
6 DATE	OF DEATH	Dec.	2-9	, 19	3/
			th)(D		
17			at I attended		
hat I inc					
			e stated abov		
	*****		Terris.		
Contri	butory		on)yrs.		
			on)yrs.		
Signed)	29 193/	(Address)	7 Lou Berli	ic m	M. D.
*St Violent		rase Causing te (1) Mean	Death, or, s of injury		
	TH OF RES		Hospitals,	Institutions,	Truns
At place of death	yrsmo	osds.	In the State	.yrsmos	ds
Where was	disease contri	acted,			

OR REMOVAL

If more b.anks are needed, addre.s Ltate Registrar, 14/W. Saratoga St., Bulto., Lequesting V. S. No. 1.

not at place of dea.h?

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (0) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-" etc., For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISA
EA :: ("NUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobor pneumonia, Bronchopnaumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonoeum, etc., Corcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping cough; Chronic volvular heart disease; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County Workers County Workers and State County Count	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Deller. (If death occurred in a horpital or institution, give its NAME instead of street and sumber) Length of residence in city or town where death occurred. (a) Residence: No. (Cumal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, WIDO	1.1	(08)
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. YIS. NO. S. HOWING IN U.S. If of foreign birth? Ward. 1. Additional State of State of Country PERSONAL AND STATISTICAL PARTICULARS S. SIX 4. COLOR OR RACE S. SINCLE MARRED, WIDOWED OR PLOYOF CONTROL of White State HUSSANO of PROPER OF DEATH SECURITY OF DEATH OR POTOGRED Committee in word of the control of the country of the	County Woresler	Registration Dist. No. 355
2. FULL NAME Many and Month (Juna) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DAVOKED (with the word) 5a. II married, widowed, or divorced (or) WHE of William (with the word) 6. DATE OF BIRTH (month), day, and year) (with the word) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade-profession, or particular Saw Will, BARK, etc. 8. Trade-profession, or particular Saw Will, BARK, etc. 9. Date Of BIRTH (month), day, and year) (with the word) 10. Date of Birth (will the word) 11. Total time (years) 12. BIRTHPLACE (city or town) 13. MAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. MAIDEN NAME 19.	(II	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVENCES (SINGLE MARRED, WIDDWED) OR DIVENCES (Convertible with a world) 5a. Il married, wildowed, of divoced (Month) (Month	1 ha 1	gs. How rong in 0.5. If of foreign pirth?ytsmos
PERSONAL AND STATISTICAL PATICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR. DIVORCED (write the wood) Will HUSARD Sa. It married, widowed, or divorced HUSARD HUSARD S. LIMBER BY CERTIFY, That Lattended decessed for convince or convince	2. FULL NAME (Margaret V. fo	wes
3. SEX 4. COLOR OR RACE OR DIVORCED Course the world OF DIVORCED COURSE O		If nonresident give city or town and State
OR DIVORCED (write the wood) So. It metrical, wildowed, or divorced HUSBAND (Month) (Oay) For HUSBAND (Month) (Oay) So. It metrical, wildowed, or divorced HUSBAND (Month) (Oay) For HUSBAND (Month) (Oay) So. It metrical, wildowed, or divorced HUSBAND (Month) (Oay) So. It metrical, wildowed, or divorced HUSBAND (Month) (Oay) For HUSBAND (Month) (Oay) So. It metrical, wildowed, or divorced the standard dacessad from the standard dacessad from the standard dacessad from the standard dacessad dacessad from the standard dacess		
HUSBAND of (or) WIFE of Harry Lawres 6. DATE OF BIRTH (month, day, and year) Months 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance 12. BIRTHPLACE (city or town) 13. INAME 14. BIRTHPLAC	Hemale W Widowed Wildowed	December 4 1936
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Lday, hrs. or min. 8. Trade, profassion, or particular kind of work done, as SPINNER SAWIR, BOOKKEPER at. D. Date decessed last worked at this occupation (month and year) D. Date decessed last worked at this occupation (month and year) Other Coetributery Causes of importance: What test confirmed diagnosis? Was there an autopsy? 12. BIRTHPLACE (city or town) (State or country) Was there an autopsy? 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Was there an autopsy? 17. INFORMANT Address) 18. BURIAL CREMATION, OR REMOVAL Place Place Address Addres	HUSBANO of	22 . I HERERY CERTIEV That I attended deceased
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. SAWYER, BOOKKEPER, atc. I industry or businass in which SAW MILL, BANK, etc. ID. Date decessed last worked at this occupation (month and year) Years Shall BrithPLACE (city or town). (State or country) Was there an autopsy? 15. BIRTHPLACE (city or town). (State or country) 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Address) 18. BURLA, CREMATION, OR REMOVAL PIRCE MARKET AND	(or) WIFE of Harry L. Jarves	and how 30 193/ to Dec 4th 195
T. AGE Years Months Days IT LESS than I day. In this or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following: S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKREPER, atc. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKREPER, atc. D. Date decessed last worked at this occupation month and year) D. Date decessed last worked at this occupation month and year) Other Coatributory Causes of Importance: U. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19. UNDERTAKER (Address) Date of Injury Date of Injury Name of operation. Manner of Injury What did injury occurred on the data stated ebove, at 5. 5. 9. A. 9. 9. A.	6. DATE OF BIRTH (month, day, and year) New 10 18535	
8. Trade profession, or particular kind of work done as SPINNER. SAWYER, BOKKEPER atc. 9. Industry or business in which worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMENTION, OR REMOVAL Place Address 19. UNDERTAKER (Address) (Signad) Galdar R. Jalling M. M. M. Manner of Injury Nature	7. AGE Years Months Days If LESS than	
Say Trade, Frofassion, or particular kind of work doe, as S PINNER, SAYYER, BOOKKEPER, atc. 15. Industry or businass in which work was done, as S ILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Dat		the fall and the f
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Addr	8. Trade, profassion, or particular	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (A	SAWYER, BOOKKEEPER, atc.	- Custo
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Addr	O. Work was dona as SILK MILL,	
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(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (Address) 20. FILED 17. INFORMANE 18. Secretary 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signad) 20. FILED 20. FILED 21. State or country) 10. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Natur	12 RIRTHPLACE (city or town) and	Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Begins and Date Alexander (Address) 19. UNOERTAKER (Address) (Signad)		
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Accident, suicide, or homicide? Data of injury 19 15. BIRTHPLACE (city or town) 19 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNOERTAKER 19. UNOERTAKE	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Accident, suicide, or homicide? Comparison of the property	15. MAIDEN NAME Maria Cooper	23. If death was due to external causas (VIOLENCE) fill in also the following:
17. INFORMANT PARTY Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Price Place Plac	5 16. BIRTHPLACE (city or town) Md	Accident, suicide, or homicide?, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Date 19. What was diseased or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) 20. FILED 1. C 1. 19.31 Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signad) Gallahy P January M.	(State or country)	Whara did injury occur? (Specify city or town, county and State)
Place Brestopal Date Note: 6,1981 Nature of Injury 19. UNOERTAKER 1 18 Brest 1981 Part of Injury In any way ralated to occupation of deceased? Note of Injury In any way ralated to occupation of deceased? Note of Injury In any way ralated to occupation of deceased? Note of Injury I	(Address) Sterling mall	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER 1-10 Bushage 24. Was disease or injury In any way related to occupation of deceased? No (Address) 19. UNOERTAKER 1-10 Bushage 24. Was disease or injury In any way related to occupation of deceased? No (Signad) Gaelaho P January M.		Manner of Injury
20. FILED J. C. G. 1931 Stellan & Francisco (Signad) Gaelah P January, M.	Place Dyllscopell Date Ille. 6 +, 1981	- Nature of Injury
20, FILEU. 17-52		

CEDTICICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
4	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
) h			
40			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	14802 STATE OF MARYLAND
County Worcestea	(ERTIFICATE OF DEATH
0- 1	Registration Dist. No. 354
Village or City Stocktow (No.	St.: Ward) (If death occurred it a hospitel or institution, give its NAME in steed of street and
2FULL NAME CLASSION JOY	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale White Single, Wildows Single (Write the word)	16 DATE OF DEATH Dec 27, 193/
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 195/. to Dec. 2. [323] that I lest saw hereafter on Dec. 26, 1923.
7 AGE Social Parish Socia	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	A physister and
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributoryds.
9 BIRTHPLACE (State or country) Manyland	Secondary (Durstion)
10 NAME OF ROY & Jones	(Signed) John D. Dekessen M. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Josephine Doman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) Mumilsota	ienta or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Roy L. Jones	Former or usual residence
(Address) Stockton, MA	19 Prace of Burial OR BEMOVAL DATE OF BURIAL DELLE TO 1931
15 Dec 28 192/ Hary Tr Tasky	20 UNDERFAKER ADDRESS VON HE
If more bianks are peeded, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Former or Planter, Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Foreman, or At Home, and children, For many occupations a single word or term on yrs). Form laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The Laborer-Coal mine, etc. Salesman, (b) not gainfully emmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lelanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) carbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by roilway train-State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic volvular heart etc. The contributory Always qualify all diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1932

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14863
1. PLACE OF DEATH	(F2-0)
county to reesles h	Registration Dist. No. 3.50
canslage or city remone City that	No. St., Ward
Length of residence in city or town where death occurred yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) s. How long in U.S. if of foreign birth?
2 FULL NAME / ballie ann	1070 (a.
1/1 1- / 5	St. h. I
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
11 1 Mesowid	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.) I HEREBY CERTIFY: That I attended deceased from
(or) WIFE of Chorach or Jones.	Nov 18 1031 to Mor 29, 1931
6. DATE OF BIRTH (month, day, and year) The Bud 184	I last saw her alive on Nov 294 , 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at & Am.
84 9 29 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Steel 1927
9. Industry or business in which	(contact) from soil how 1931
work was done, as SILK MILL, SAW MILL, BANK, etc.	Color of the second
10. Date deceased last worked at this occupation (month and year)	
near In - or he	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or fountry)	War at m Ser hon 1021
13. NAME Clived Frader	
13. NAME (Incl.) Tours (city or hown). Forest City	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME July Slevenson	23. If death was dua to external causas (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city of town) - Oresporte Celes	Accident, suicida, or homicide? Data of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Babelle Seesgle Claught	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	
Pearpa Pocomoke City. Wasat Dan Cemetary	Natura of Injury
	no
19. UNDERTAKER (Address)	24. Was disease or Injury in env way related to occupation of daceased?
100 2 now feet med	(Signad) D Landrus M. D.
20. FILED Registrar.	(Address) Jacobange Ly M.A.
If more blanks are needed address State Peristran	2477 N. Charlet Street Relaimore Pequesting T) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 2	July 5, 1927	Peritonitis	3 days ago
BURBAUT			
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH 4804 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1 Village or City (If death occurred in Ward) a hospital or institution, give its NAME i. stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY That I attended the deceased from (Month) (Day) 7 AGE IfLESS than and that death occurred on the date stated above, atm. I day hrs. The CAUSE OF DEATH * was as follows: nios. ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrsds. State......yrs......ds, (State or country) Where was disease contracted. TO THE BEST OF MY KNOWLEDGE if not at place of cleach? Former or usual residence if more banks are needed, addre. s State Registrar, 16 W. Sarat

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Wis). For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 'as fracture of skull, and consequences (e.g., sepsis, telunus) may be stated under the head of 'contributory." approved by carbolic ocid-probably suicide. The nature of the injury, aucident; Revolver wound of head-homicide: Poisoned by State cause for which surgical operation was "PUERPERAL septicuemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse." "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases "Uraemia, ""Weakness," etc., when a definite discase "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonacum, etc., Carcinonia, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," Committee on Chronic etc. affection need valvular heart Nomenclature The contributory Always qualify all Measles; disease; disease not be underdeath as

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1932

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	The state of the s	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 17 6 NEW 1 (18.11)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	IAN 2 1932	July 5, 1927	Peritonitis	3 days ago
	ATIPTAU VE.			
Other contributory cat			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

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1. PLACE OF DEATH	(131)
, county warmen Worch	Registration Dist. No. 353
Village or City Whaleyvelle mg P. E). /NoSt.,Ward
Length of residence in city or town where death occurredyrsa.m.	If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME margarette Sho	well
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Pay) (Year)
5e. If married, widowed, or divorced washing the HUSBAND of (or) WIFE of Thomas Shawelp	22. i HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h allvo on, 19; death is said
7. AGE About Yeers Months Days If LESS than I day,hrs	to heve occurred on the date stated above, et 930 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, p:ofession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Chrome
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at July 30 11. Total time eyears this occupation (month and	Int nethrolis
year) - Life occupetion turns	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	
13. NAME To Lay Fe Saucett 14. BIRTHPLACE (city or fewn) 71. Carlo G. Co. Co.	
14. BIRTHPLACE (city or fewn)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JOSES 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Chick Dalle and.	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAJ. Piace Whaleybill Date Dec 8, 1931	Manner of injury
19. UNDERTAKER M. Hasha watson (Address) Sellyville Del,	24. Wes disease or injury in any wey releted to occupation of deceased? If so, specify
20. FILEO. LA-7 . 1931 Delen F. Hazurar.	(Signed) M. D. (Address) Selection M. D.

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	Example I	1	Example II	
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Arteriosclerosis	(027-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hribis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	\$ - V			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	7 · 15 · 14 · 0 · 14			MAKGIN KESEKVED FOR	N K	SERV	E D	101
z	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A	INLY,	WITH	UNFA	DING	INK-T	HIS	IS
-4	mation sho be carefully supplied. AGE should be state	be car	efully	supplied.	AGI	Should 5	pe	state
	CAUSE OF DEATH in plain terms, so that it may be prop	EATH	in plain	n terms,	so tha	t it may	be	prop
							•	0.1

	SIAIL	OF MARYLAND-	CERTIFICATE OF DEATH	6.60
1. PLACE OF	DEATH	11	131	CUI
County	10 out		Registration Dist. No. 33	d
Village or Cit	lence In city or town where		ND. St, If death occurred in a hospital or institution, give its NAME instead of street and os. ds How iong In U.S. it of foreign birth?	· · · · · · · · · · · · · · · · · · ·
2. FULL NAN (a) Residence		a 6 Stu	St., Ward.	
PERSON	AL AND STATIST	(Usual place of abode)	If nonresident give city or town and	1 State
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 /
5a. If merried, widowe		· Junior	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		V	22. I HEREBY CERTIFY. That I attended	daceasad from
6. DATE OF BIRTH (n	month, day, and year) 7	housen		.; death is said
7. AGE Yaars	s Months	Days If LESS than 1 day, hrs	to have occurred on the data stated above, at	
SAWYER,	elon, or particular ork done, as SPINNER, BOOKKEEPER, etc.	,	Nephrelio	Date of onset
	usiness in which done, as SILK MILL, , BANK, etc.	ford		
this occupa	d last worked at ation (month and	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city (State or count			Other Contributory Causes of importance: Theart Farbure	
13. NAME	the &	lule		
13. NAME		12	Nama of operation Dete of	
(State of C	country)		What test confirmed diagnosis? Was there en	autopsy?
15. MAIDEN NAM	United	your -	23. If death was due to external ceuses (VIOLENCE) fill in also the followin Accident, suicida, or homicida?	
State or		Ta on	Where did injury occur?	, 13
17. INFORMANT (Addrass)	Miss Fau	ra Stelle	(Specify city or town, county and Sta Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATIC	ON, OR REMOVAL .	h0	Manner of injury	
Place Jul	Moulows	Data / Clee, 13, 19.8/	Nature of Injury	
19. UNDERTAKER	J. W. 12	jurtage	24. Was disease or injury in any wey related to occupation of decaased?	
20. FILED. Lee	14,1931 &	Meenford Registrar.	(Signed) 6 M Lowe (Address) Berlin M	M. D.
	If mare	blanks are needly address Seat D	(Addiess)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURPAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0		PLACE OF DEATH	14808 STATE OF	MARYLAND
		County Stovelsky		E OF DEATH
Tied.	hantagle had		Registration	Dist. No. 352
operly class certificate.	1	FULL NAME Carrling St.	St.: War	d) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
rtif	=			number.)
	_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
ay be proposed back of	3	Family Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Water	16 DATE OF DEATH July (Month)	(Day) (Year)
on t	6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I s	ttended the deceased from
_ w		My trunk	192 to	
tion	-	(Month) (Day) (Year)	that I last saw half alive on	
nstruction	1	That a liday hrs.	The state of the state state	ed above, atm
nsi		yrs. mos. ds. gr min.?	100	,
See		(a) Trade, profession or particular kind of work	thr. hefhr	dir .
nt a		(b) General nature of industry		
rta	_	which employed or (employer)	(Duration)	yrsmosds.
Important	9	BIRTHPLACE (State or country) Many Canal	Contributory Secondary (Durstion)	Arsds.
very		10 NAME OF FATHER WELLOW	(Signed)	M. D
S	NTS		*State the Discase Causing Death Violent Causes, state (1) Means of	n, or, in deaths from
10	REP	The football	Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	Injury and (2) Whether
AC	PA	Di Klama Pares	16 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans-
OCCUP		13 BIRTHPLACE OF MOTHER (State or Country)	At place In th	ne ateyrsmosds.
o to	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?	
1 1 1	(Informant) Tanga Hurais		Former or usual residence	
statement	-	(Address) Gafry Elons De	Decles Cabratal MElely	PATE OF BURIAL
9	15	Filed 12/ay 21/90 Wees ford Registras	Loundertaker & Bertag	& Berlin hel
	If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanon as way laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Physicium, Compositor, Architect, Locomotive engineer, tired 6 yrs). Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is necesspecifically the occupations of persons en-(b) For persons who have no occupation Automobile factory. The material

Statement of Cause of Death—Name, first, the DISJA BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) as fracture of skull, and consequences (e.g., sepsis perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

N. B.--Every Item of formation should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should tate CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD NENT , WITH UNFADING INK--THIS IS A PERI MARGIN RESERVED FOR BI WRITE PLAIN

V. S. No. 1

	PLACE OF DEATH	14809 STATE OF MARYLAND			
	County Worclaur	© CERTIFICATE OF DEATH			
	110,	Registration Dist. No. 355			
	Village or City Leverly Cour (No	St.: Ward) (If death occurred in a hospital or institu-			
	2FULL NAME Baby True	tion, give its NAME itstend of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suigle	16 DATE OF DEATH			
	Zemale while OR DIVERGED (Write the word)	Month 2 (Day) /93/ (Year)			
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from			
	Dec 2 , 1931	192 . to , 192,			
	(Month) (Day) (Year)	that I last saw h alive on Stellbaur, 192,			
	7 AGE If LESS than	and that death occurred on the date stated above, atm.			
	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:			
	8 OCCUPATION (a) Trade, profession or particular kind of work	Hellbern			
	(b) General nature of industry				
3	business, or establishment in which employed or (employer)	(Duration)yrsmosds.			
	9 BIRTHPLACE	Contributory Secondary			
	1 10 NAME OF	(Duration)ds.			
	FATHER Eleger Train H	(Signed) M. D.			
	0 11 BIRTHPLACE	192 (Address) 13 Prilin Mg			
	OF FATHER (State or country) Many long 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	of Mother Andelia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
	13 BIRTHPLACE	ients or Recent Residents) At place In the			
	OF MOTHER (State or Country) Maryland	of deathyrsds. Stateyrsds.			
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
	(Informant) Jus. R. Rayer	Former or usual residence			
	(Address) Bulin Ind	Perdu Genuty Wee 3, , 1931			
	Filed 12-3- 1981 Helen T Hayward	20 UNDERTAKER ADDRESS - L. M Bushale Berling And			
	If more blanks are needed, address State Registrary 16 W. Saratoga St., Balton, Requesting V. S. No. 1.				

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., Withour Loborer Coat many laborer, Farm laborer, Loborer Coat many laborer, Farm laborer, Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter business, that fact may be indicated thus; Farmet (re-Housemaid, etc. If the occupation has been changer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write Nonc. to know (a) the kind of work and also (b) the for many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, But in many L'ook

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If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is data is essential permanently filed.